

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		0				
25		0				
26		0				
27		0				
28	1					
29	1					
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31	1					
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49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						